AARP Connecticut Testimony in Opposition to
S.B. 757, An Act Concerning the Filling of Prescriptions for Antiepileptic Drugs

On behalf of our more than 629,000 members in Connecticut, AARP want to express serious concern about the impact of S.B. 757, "An Act Concerning the Filling of Prescriptions for Antiepileptic Drugs" on our members.

S.B. 757 is one of a number of legislative proposals we are seeing around the country that seek to undermine generic drug substitution laws, which have been a very effective tool in making prescription drugs more affordable. We cannot stand by and allow the baseless assertions about the risks of generic drugs to go unchallenged.

The Food and Drug Administration (FDA) has a rigorous process for the approval of generic drugs. FDA assures that generic drugs can be expected to have the same clinical effect and the same safety profile as the therapeutically equivalent branded product. This includes all therapeutically equivalent drugs, including narrow therapeutic index (NTI) drugs.

It is not just FDA that takes this position. The American Medical Association (AMA) in 2007 conducted a thorough review of the evidence when asked to support a policy requiring "written notification" to physicians prior to substitution of NTI drugs. The AMA concluded that a separate, more stringent generic substitution process for NTI drugs is unnecessary.

Last December, Harvard researchers published a study in the Journal of the American Medical Association examining this issue with respect to cardiovascular drugs, and concluded that it is reasonable for physicians and patients to rely on FDA's evaluation of the drugs, including the NTI drugs. This study also notes the disturbing dissonance between the clinical evidence and many editorials that are wary of generic substitution based on anecdotal evidence.

The current efforts to sew doubt about generic substitution coincidentally come at a time when many popular brand drugs are about to face generic competition for the first time. Between 2007 and 2012 exclusive marketing rights will expire on more than three dozen commonly prescribed brand drugs, with annual U.S. sales of $67 billion.

One of the most effective tools in addressing the affordability of prescription drugs is the substitution of generics once the manufacturer of a brand name drug loses its exclusive right to market the drug. Since 1984 Hatch-Waxman Act created a shorter, less expensive approval process for generic drugs, their share of the market has increased dramatically. In 1984 only 19% of prescriptions were dispensed with generics; today, it is over two-thirds, and the percentage is even higher in some Medicare Part D plans.

This is an issue with high stakes for both brand drug manufactures and for individuals, employers, and taxpayers who pay for health care costs. It is estimated that a 1 percent increase in generic utilization yields almost $4 billion in savings.

Physicians already have, as they should, the ability to insist that their patients be dispensed the brand version of a drug if they believe it is medically necessary. AMA policy on this issue is that physicians should be free to use either the generic or brand name in prescribing drugs for their patients, and physicians should supplement medical judgments with cost considerations in making this choice. We agree.

We also agree with the AMA that there is no need for special generic substitution procedures for certain types of drugs. Special procedures only serve to subvert generic substitution and increase pharmaceutical costs unnecessarily. Particularly now, we cannot afford it.

For these reasons, we strongly oppose S.B. 757 and urge its rejection by this committee.